

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

***2. Type of Application**

- ☐ New
☒ Continuation
☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Confederated Tribes and Bands of the Yakama Nation

*b. Employer/Taxpayer Identification Number (EIN/TIN):
91-0576806*c. Organizational DUNS:
803886399**d. Address:**

*Street 1: P.O. Box 151
Street 2: 401 Fort Road
*City: Toppenish
County: Yakima
*State: Washington
Province: _____
*Country: United States
*Zip / Postal Code 98948

e. Organizational Unit:Department Name:
Yakama Nation FisheriesDivision Name:
Yakama Nation Department of Natural Resources**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: Mr. *First Name: Paul
Middle Name: _____
*Last Name: Ward
Suffix: _____

Title: Yakama Nation Program Manager

Organizational Affiliation:
Confederated Tribes and Bands of the Yakama Nation

*Telephone Number: 509-865-5121 extension 6363

Fax Number: 509-865-6293

*Email: warp@yakamafish-nsn.gov

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***9. Type of Applicant 1: Select Applicant Type:**

I. Indian/Native Am Tribal Govn.(Fed. Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

66802

CFDA Title:

Superfund State, Political Subdivision, Indian Site Specific Cooperative Agreement

***12 Funding Opportunity Number:**

N/A

*Title:

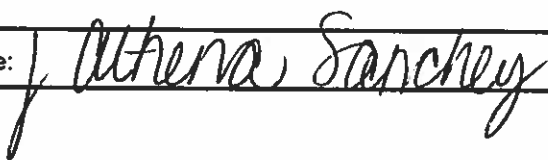
13. Competition Identification Number:

N/A

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

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16. Congressional Districts Of:		
*a. Applicant: WA#4	*b. Program/Project:	
17. Proposed Project:		
*a. Start Date:	*b. End Date:	
18. Estimated Funding (\$):		
*a. Federal	10,000.00	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	10,000.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Mr.	*First Name: Harry	
Middle Name:	_____	
*Last Name: Smiskin	_____	
Suffix:	_____	
*Title: Tribal Council Chairman, Yakama Nation		
*Telephone Number: 509-865-5121	Fax Number: 509-865-6293	
* Email: harry@yakama.com		
*Signature of Authorized Representative:		*Date Signed: 1/12/2012

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 Standard Form 424 (Revised 10/2005)
 Prescribed by OMB Circular A-102

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***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.